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Form **990-PF**

Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation

OMB No 1545-0052

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

For	calend	lar year 2015 or tax year beginning , a	and ending						
Na	ame of four	ndation			A Emplo	yer Identification number			
	MAM	I FAMILY FOUNDATION INC			65-	-6249234			
		street (or P O box number if mail is not delivered to street address) AARON STREET	Ro	oom/suite		ione number (see instructions) 1-628-0799	l		
_=		State or province, country, and ZIP or foreign postal code	<u></u>				. [7]		
		CHARLOTTE FL 33952			C If exen	nption application is pending, o	theck here		
G	Check a	all that apply Initial return Initial return	rn of a former public ch	anty	D 1. For	reign organizations, check her	e > _		
		Final return Amended	return		2. For	reign organizations meeting th	e		
		Address change Name cha	inge		859	85% test, check here and attach computation			
н	Check to	ype of organization X Section 501(c)(3) exempt private	foundation		E If priva	ite foundation status was term	ınated under		
_	-		e private foundation		section	n 507(b)(1)(A), check here	▶ [_]		
		ket value of all assets at J Accounting method	Cash X Acc	rual	F if the fe	oundation is in a 60-month ter	mination		
е	nd of ye	ear (from Part II, col. (c), Other (specify)			under	section 507(b)(1)(B), check he	re 🕨 📘		
<u>lı</u>	ne 16) 🕽	\$ 1,113,264 (Part I, column (d) must b	be on cash basis.)		<u> </u>				
LP	art I	Analysis of Revenue and Expenses (The total of	(a) Revenue and	(b) Net inv	estment	(c) Adjusted net	(d) Disbursements for chantable		
		amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))	expenses per books	incor		income	purposes (cash basis only)		
	1	Contributions, gifts, grants, etc., received (attach schedule)	50,070			ı	(Causi Dadio Olly)		
	2	Check ▶ if the foundation is not required to attach Sch. B							
	3	Interest on savings and temporary cash investments	2,301		2,301				
	4	Dividends and interest from securities	23,648		23,648				
	5a	Gross rents				, ,			
ø	b	Net rental income or (loss)							
Ž	6a	Net gain or (loss) from sale of assets not on line 10	12,983				_		
Revenue	b	Gross sales price for all assets on line 6a 331,548							
	7	Capital gain net income (from Part IV, line 2)			12,983				
	8	Net short-term capital gain				0			
	9	Income modifications				 			
	10a	Gross sales less returns and allowances							
	b	Less [.] Cost of goods sold							
9	္ညည္ခ C	Gross profit or (loss) (attach schedule)							
0		Other income (attach schedule)	89,002		38,932	0			
	12	Total. Add lines 1 through 11 Compensation of officers, directors, trustees, etc	09,002		30,932		<u> </u>		
es Se	13 14	Other employee salanes and wages	<u>_</u>						
S	≱,' - ⊂⊅15	Pension plans, employee benefits		· · · · · ·					
Ö		Legal fees (attach schedule)	·						
Щ.) b	Accounting fees (attach schedule) STMT 1	1,950		975				
Operating and Administrative-Exp	i c	Other professional fees (attach schedule) STMT 2	3,805		3,805				
a	17	Interest							
ist	ੂ 18	Taxes (attach schedule) (see instructions) STMT 3	389		389				
Ĵĥ	19	Depreciation (attach schedule) and depletion		CEIVE					
þ	20	Occupancy		*****	် န				
ΨÞ	21	Travel, conferences, and meetings	S 40/	2 1 201	8 <u> </u> 9				
ā	22	Printing and publications	Ø		(g) 199		200		
bu	23	Other expenses (att sch) STMT 4	557				288		
ati	24	Total operating and administrative expenses.	6,701	ایلیانیه ب	5,368	0	288		
Ser	125	Add lines 13 through 23	80,618		3,300		80,618		
ŏ	· 25 26	Contributions, gifts, grants paid Total expenses and disbursements. Add lines 24 and 25	87,319	7	5,368	0			
_	27	Subtract line 26 from line 12.	3.,323	<u> </u>	-,555				
	a a	Excess of revenue over expenses and disbursements	1,683	1					
	b	Net investment income (if negative, enter -0-)			33,564				
	c c	Adjusted net income (if negative, enter -0-)				0			
For		work Reduction Act Notice, see instructions.					Form 990-PF (2015)		

6

5 Decreases not included in line 2 (itemize)

6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

Page 3

65	_	6	2	4	9	2	3	4

Part IV Capital Gains a	<u>nd Losses for Tax on Investme</u>	nt Income	, 		-,
(a) List and desc 2-story brick w	cribe the kind(s) of property sold (e.g., real estate, arehouse, or common stock, 200 shs. MLC Co.)		(b) How acquired P – Purchase D – Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1a SEE WORKSHEET					
<u>C</u>					
<u>d</u> e			 		
(e) Gross sales price	(f) Depreciation allowed (or allowable)		or other basis ense of sale		Sain or (loss) s (f) minus (g)
a					
b		-			
c					
		<u>. </u>			
Complete only for assets showing	gain in column (h) and owned by the four	dation on 12/31/69		(I) Co (f	2-1 //->
(I) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Exce	ss of col (I)	col (k), but	Col (h) gain minus not less than -0-) or ; (from col (h))
а				•	
b					
С					<u> </u>
d					
е		2001 100 7 7			
2 Capital gain net income or (net ca	If (loss), enter -0- in i	•	2		12,983
• • •	s) as defined in sections 1222(5) and (6)	0 ¬			
Part I, line 8	column (c) (see instructions) If (loss), ent	er-u- in	3		-11,585
	nder Section 4940(e) for Reduc	ed Tax on Net		1	==/000
	s part blank. ion 4942 tax on the distributable amount o fy under section 4940(e) Do not complete		se period?		Yes X No
1 Enter the appropriate amount in e	ach column for each year, see the instruc	tions before making	any entnes.	· · · · · · · · · · · · · · · · · · ·	
(a) Base penod years Calendar year (or tax year beginning in			(c) ue of nonchantable-use assets	(col	(d) Distribution ratio (b) divided by col (c))
2014		,930	1,121,94		0.046286
2013		,161	1,076,14		0.056834
2012		, 430 , 625	988,39 951,83		0.026740 0.051085
2011		,100	826,51		0.037628
2010		7	<u> </u>		0.218573
-	5-year base penod – divide the total on line	e 2 by 5, or by the		2	
number of years the foundation h	as been in existence if less than 5 years			3	0.043715
4 Enter the net value of nonchantal	ole-use assets for 2015 from Part X, line 5			4	1,105,295
5 Multiply line 4 by line 3				5	48,318
6 Enter 1% of net investment incom	ne (1% of Part I, line 27b)			6	336
7 Add lines 5 and 6				7	48,654
8 Enter qualifying distributions from	Part XII, line 4 I line 7, check the box in Part VI, line 1b, a	nd complete that as	ut using a 1% tay rata. Sa	8	80,906
Part VI instructions	i me 7, dieck die box in Part VI, mie 10, a	no compicte that pa	in using a 170 tax rate. Se		Form 990-PF (2015)

Form	990-PF (2015) IMAMI FAMILY FOUNDATION INC 65-6249234				P	age 4
Pa	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see instructions)					
1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ and enter "N/A" on line 1.					;
	Date of ruling or determination letter: (attach copy of letter if necessary—see instructions)	`				
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check	1	_			<u> 336</u>
	here ▶ X and enter 1% of Part I, line 27b	- 5	The is	-		
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of	- ` - ` [
	Part I, line 12, col (b)					
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2				<u> </u>
3	Add lines 1 and 2	3				336
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4				<u> </u>
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-	5				336
6	Credits/Payments.	•				- 1
а	2015 estimated tax payments and 2014 overpayment credited to 2015 6a 881	•				
b	Exempt foreign organizations – tax withheld at source	47	कुर्मात्त्र प्राप्तः स्ट्राप्ते भूक			
С	Tax paid with application for extension of time to file (Form 8868) 6c	3				1
d	Backup withholding erroneously withheld 6d	1.				
7	Total credits and payments Add lines 6a through 6d	7				881
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9				
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10				<u>545</u>
11	Enter the amount of line 10 to be: Credited to 2016 estimated tax ▶ 545 Refunded ▶	11				
- Pa	rt VII-A Statements Regarding Activities					
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it				Yes	No
	participate or intervene in any political campaign?			<u>1a</u>		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see					l
	Instructions for the definition)?			1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials					
	published or distributed by the foundation in connection with the activities					
C	Did the foundation file Form 1120-POL for this year?			1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year.					
	(1) On the foundation ▶ \$ (2) On foundation managers ▶ \$	_				
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed					
	on foundation managers \$					X
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		
•	If "Yes," attach a detailed description of the activities					
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3		\mathbf{x}
40	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a		X
4a b	If "Yes," has it filed a tax return on Form 990-T for this year?	ı	A\I	4a 4b		-
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	•	·,	5		x
•	If "Yes," attach the statement required by General Instruction T			Ť		
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either.					
-	By language in the governing instrument, or					
	By state legislation that effectively amends the governing instrument so that no mandatory directions that					İ
	conflict with the state law remain in the governing instrument?			6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV			7	X	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)					
	FL					
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General					
	(or designate) of each state as required by General Instruction G? If "No," attach explanation			8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or]
	4942(j)(5) for calendar year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes,"					1
	complete Part XIV			9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their					1
	names and addresses			10		X_
			1	om 99	0-Pi	(2015)

		1 FOUNDATION INC		3243234			raye	2
PE		ling Activities for Which For	<u>m 4720 May Be R</u>	equired (conti	nued)	1960 V.S. 8.		_
5a	During the year did the foundation pay o				<u></u>		45 m	
	(1) Carry on propaganda, or otherwise	attempt to influence legislation (section	4945(e)}?	[_] `	res 🗓 No			
	(2) Influence the outcome of any specific	· ·	r to carry on,	r—	(44)			
	directly or indirectly, any voter regist			 	Yes X No			
	(3) Provide a grant to an individual for ti	avel, study, or other similar purposes?	•	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	res 🔀 No		4	
	(4) Provide a grant to an organization or	ther than a charitable, etc , organizatio	n described in		(===)		1 to	
	section 4945(d)(4)(A)? (see instruction	ions)		□ `	res X No		6	
	(5) Provide for any purpose other than i	-	or educational				和 发	
	purposes, or for the prevention of cr				res 🛚 X No			
Þ	If any answer is "Yes" to 5a(1)-(5), did a	ny of the transactions fail to qualify un	der the exceptions desc	cribed in	4-			
	Regulations section 53.4945 or in a curr	ent notice regarding disaster assistand	e (see instructions)?		N/A	5b		_
	Organizations relying on a current notice	regarding disaster assistance check t	nere		<u>▶ </u>			_
—с–	-If-the-answer-is-"Yes" to-question-5a(4),	does the foundation claim exemption for	rom the tax					
	because it maintained expenditure response	onsibility for the grant?		N/A 🔲	res 🗌 No			į
	if "Yes," attach the statement required by	Regulations section 53.4945–5(d)						
6a	Did the foundation, during the year, rece	ive any funds, directly or indirectly, to p	pay premiums					ļ
	on a personal benefit contract?				res X No			. J
b	Did the foundation, during the year, pay	premiums, directly or indirectly, on a po	ersonal benefit contract	7		6b	X	_
	If "Yes" to 6b, file Form 8870							
7a	At any time during the tax year, was the	foundation a party to a prohibited tax s	helter transaction?	\ <u></u>	res X No	3	S	_
b	If "Yes," did the foundation receive any p				N/A	7b	L	_
Pa		fficers, Directors, Trustees, I	Foundation Mana	igers, Highly F	Paid Employe	8 S ,		
	and Contractors		 .					_
<u> 1 L</u>	ist all officers, directors, trustees, fou	ndation managers and their compe	nsation (see instructi	ons).				_
			(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit	(a) Evos	nse account,	
	(a) Name and	address	hours per week devoted to position	(If not paid, enter -0-)	plans and deferred		allowances	
			devoted to position		compensation	 		_
RI	AZUL H. IMAMI	PORT CHARLOTTE	DIRECTOR			1		
21	18 AARON ST	FL 33952	1.00					0
ΑZ	RA R. IMAMI	PORT CHARLOTTE	DIRECTOR			ļ		
21	18 AARON ST	FL 33952	1.00	0	0	ļ		<u>)</u>
IR	FAN R. IMAMI	PORT CHARLOTTE	DIRECTOR			Ì		
21	18 AARON ST	FL_33952	1.00	0	0	ļ		<u>)</u>
				<u> </u>		<u> </u>		_
2	Compensation of five highest-paid en	nployees (other than those included	d on line 1 – see instru	uctions). If none,	enter			
	"NONE."							_
			(b) Title, and average	Į ,	(d) Contributions to employee benefit	(a) Evne	nse account,	
	(a) Name and address of each employee	paid more than \$50,000	hours per week devoted to position	(c) Compensation	plans and deferred		illowances	
					compensation	ļ		_
NO	NE							
						 		_
						ļ		
				 		 		_
						}		
						<u> </u>		_
				Ì	•	}		
	·					<u> </u>		_
]					
							_	_
Total	number of other employees paid over \$5	0,000				•	0)

Form 990-PF (201	5) IMAMI FAMILY FOUNDATION INC	65-6249234	Page_7
Part VIII	Information About Officers, Directors, Trustees, Four and Contractors (continued)	ndation Managers, Highly Paid En	
3 Five highes	st-paid independent contractors for professional services (see inst	ructions). If none, enter "NONE."	
	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE			
Total number of a	there recovers over \$50,000 for professional consists		
	thers receiving over \$50,000 for professional services	- 	<u> </u>
Part IX-A	Summary of Direct Charitable Activities		
	four largest direct chantable activities during the tax year. Include relevant statistical information ster beneficianes served, conferences convened, research papers produced, etc.	such as the number of	Expenses
1 N/A			
		· · · · · · · · · · · · · · · · · · ·	
3			
4			
Part IX-B	Summary of Program-Related Investments (see inst	ructions)	<u> </u>
	est program-related investments made by the foundation during the tax year on lines 1 and 2		Amount
1 N/A			
2			
All other owners reta	sted investments. See instructions		
3	AND REPOSITIONS OF HISBAUGHIS		
Total. Add lines 1	through 3	___	

2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,
purposes
2
3 Amounts set aside for specific charitable projects that satisfy the.
a Suitability test (pnor IRS approval required)
5 Cash distribution test (attach the required schedule)
4 Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4
5 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income
Enter 1% of Part I, line 27b (see instructions)
5 336

Adjusted qualifying distributions. Subtract line 5 from line 4

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation

qualifies for the section 4940(e) reduction of tax in those years

Form 990-PF (2015)

6

80.570

3 Grants and Contributions Paid During the	Year or Approved for F	uture Payment		
` Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	 	
Name and address (home or business) a Paid during the year SEE STATEMENT 8		recipient		80,61
Total			▶ 3a	80,61
b Approved for future payment	<u></u>		T Ja	00,01
N/A				
Total		····	▶ 3b	

	<u> </u>	Analysis of Income-Producing A	ctivities					
Enter gross am		unts unless otherwise indicated.	Unrelate	ed business income	Excluded by	section 512, 513, or 514	, (e)	
			(a)	(b)	(c)	(d)	Related or exempt function income	
4	Drogram ass	-4	Business code	Amount	Exclusion code	Amount	(See instructions)	
٠	Program ser		\	 	+			
								
	f		_					
	g Fees an	d contracts from government agencies		 				
	-	dues and assessments	\					
		avings-and-temporary-cash-investments			14	2,301		
		nd interest from securities		1	14	23,648	7.77	
5		come or (loss) from real estate		<u> </u>				
		anced property						
_		financed property						
		come or (loss) from personal property						
8	Other invest		 	<u> </u>	14	1,580	11,403	
9		s) from sales of assets other than inventory or (loss) from special events			- -	1,380	11,40.	
		or (loss) from sales of inventory						
		ue a						
••								
	θ							
12	Subtotal Ad	d columns (b), (d), and (e)			0	27,529	11,403	
13	Total. Add I	ne 12, columns (b), (d), and (e)			_	13	38,932	
		n line 13 instructions to verify calculations)						
	Part XXVI=B							
	Line No.	Explain below how each activity for which incom	-	, ,		•		
_	N/A	accomplishment of the foundation's exempt purp	oses (other than b	y providing funds to	r such purpose	s) (See instructions)	'	
_	N/A							
_								
_								
_								
_				 				
_	,							
_								
			<u>.</u>					
					·			
								
			 					
_								
_		 						
				 				
		<u></u>						
								
								
					 			
								

		Exempt Organiza	itions								
1 Dic	d the orga	nızatıon dırectly or ındir	ectly engage	in any of the follow	ving with any othe	r organization	described			Yes	No
ın :	section 50	1(c) of the Code (other	than section	501(c)(3) organiza	ations) or in section	on 527, relating	to political				
org	ganization	s?			•	_					(1) (2)
-	•	om the reporting founda	ition to a nonc	chantable exempt	organization of						
	Cash			•	_				1a(1)		X
	Other as	ssets							1a(2)		X
	her transa										
		assets to a noncharita	ble exempt or	roanization					1b(1)		X
		es of assets from a nor			•				1b(2)		X
		f facilities, equipment,			•				1b(3)		X
• •		rsement arrangements	n other asset						1b(4)		$\frac{x}{x}$
٠,		r loan guarantees							1b(5)		$\frac{1}{x}$
		ance of services or me	mhershin or fi	i indraisina solicitat	tions				1b(6)	_	$\frac{\overline{x}}{x}$
		icilities, equipment, ma	•	•					1c		$\frac{\ddot{\mathbf{x}}}{\mathbf{x}}$
	-	r to any of the above is	•			(h) should alway	we show the fair m	arket			<u></u> -
		goods, other assets, or					-				
		transaction or sharing	-	•							
	ne no	(b) Amount involved		of nonchantable exemp			escription of transfers, tra		anno arrangement		
A/K			(0)								
1/	-										
											
								·			
			 								
				<u> </u>							
			 								
			<u> </u>								
			<u> </u>								
											
			 								
											—
											
		t a discoult of the discoult	<u> </u>								
		ation directly or indirectly					ons		г¬ ,,	77	
		section 501(c) of the C	•	an section 501(c)(3)) or in section 5	217			∟ Үе	s X	NO
D II		plete the following scho	aguie	(h) Time of a			(a) Daggar	tion of colohorobus			
N/		a) Name of organization		(b) Type of or	rganization		(c) Descrip	tion of relationship	<u>'</u>		
14/	<u>~</u>										
					 -						
											
											
	Under pen	alties of penury, I declare tha	t I have examine	d this return, including a	accompanying schedu	les and statements	and to the best of my	knowledge and b	elief. it is true.		
		d complete Declaration of pr									
								1	IRS discuss this ref preparer shown bel-		ľ
Sign		1						(see inst	ructions)?	Yes	No
lere		hier	Luci		1 //	14.16	DIRE	C⊞OB			
	- Signa	ture of officer or trustee			Date	7.16	Title	CIOR			
							r ille				
	Print/Typ	oe preparer's name			Preparer's signature		1		Date	Check	df
aid			,		سد وسروتزور	· com	5. Wille	,	11/11/16	self-empi	loyed
repare	r ———	RET J. WESTBY		Man Darre	MDEV :	ECHDY C			D00131	<u> </u>	
lse Onl	Firm's na			NER DAUGH	TREI & W.	ESTBY C	PAS	PTIN	P00131		
	Firm's ac		BOX 51		E1_0300		}	Firm's EIN ▶	59-150		
		PUNTA	GORDA	, FL 339	51-0308			Phone no	941-63		_
									Form 99	U-PF	(2015)

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Name of the organization

IMAMI FAMILY FOUNDATION INC

Employer identification number

65-6249234

Organization type (check one)	
Filers of:	Section:
Form 990 or 990-EZ	501(c)() (enter number) organization
	4947(a)(1) nonexempt chantable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt chantable trust treated as a private foundation
	501(c)(3) taxable private foundation
	vered by the General Rule or a Special Rule. (8), or (10) organization can check boxes for both the General Rule and a Special Rule See
General Rule	
	g Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 roperty) from any one contributor. Complete Parts I and II. See instructions for determining a butions.
Special Rules	
regulations under section 13, 16a, or 16b, and the	scribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 ¹ / ₃ % support test of the ons 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line at received from any one contributor, during the year, total contributions of the greater of (1) amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II
contributor, during the y	scribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III
contributor, during the y contributions totaled mo during the year for an e	scribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one year, contributions exclusively for religious, charitable, etc., purposes, but no such ore than \$1,000. If this box is checked, enter here the total contributions that were received exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the total organization because it received nonexclusively religious, charitable, etc., contributions aduning the year.
990-EZ, or 990-PF), but it must	s not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, tanswer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Name of organization

IMAMI FAMILY FOUNDATION INC

Employer identification number 65-6249234

(Par	Contributors (see instructions). Use duplicate copies of P	art I if additional space is nee	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	RIAZUL H IMAMI 2118 AARON STREET PORT CHARLOTTE FL 33952	\$ 50,070	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b)	(c) Total contributions	(d)
NO.	Name, address, and ZIP + 4	\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)

Form 990-PF		Capital Gains and Loss	ses for Tax on In	vestment inc	ome	2015
Form 99U-PF	For calend	ar year 2015, or tax year beginning	_	, and ending		2010
Name					Employer Ide	ntification Number
IMAMI FAMIL	Y FOUN	DATION INC			65-6249	234
(a)	List and describe 2-story brick ware	the kind(s) of property sold, e.g., real estate, shouse, or common stock, 200 shs. MLC Co		(b) How acquired P-Purchase D-Donation	(C) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
(1) FNMA #313	59W3B5	-RETURN PRINC		P	VARIOUS	VARIOUS
	92D4U3	-RETURN PRINC		P	VARIOUS	VARIOUS
		RETURN PRINC		P	VARIOUS	VARIOUS
(4) WELLS FAR				P	VARIOUS	VARIOUS
(5) WELLS FAR				P	VARIOUS	VARIOUS
(6) WELLS FAR				P	VARIOUS	VARIOUS
(7) WELLS FAR	GO #73	51 & #8223			· · ·	
(8)						
(9)						<u> </u>
(10)					-	
<u>(11)</u> (12)					 	-
(13)	·					
(14)						
(15)						
17 18 18 18 18	Territory with the	· イマンちなないないないないのは	A PARTY NAME OF THE PARTY NAME	"明湖 "中国	阿尔州河南州	京を下する ころうころ
(e) Gross sales price	e	(f) Depreciation allowed (or allowable)	(g) Cost or other plus expense	ner basis of sale	(h) Gair (e) plus (f	n or (loss)) minus (g)
(1)	386			386		
	325			1,325		
(3)	527			527		
(4) 202,				14,143	-	-11,585
(5) 122,			1	00,997		21,293
	882			1,187		1,695
	580					1,580
(8)		<u>.</u>				
(9)					1	
(10)					 	
(11)					 	
(12) (13)						
(14)			-		 	
(15)				 		
1. 为相信国际发票	Principle of the Control	を発するなるのでは、大きなないない。	SAN / MAN PERSONAL PROPERTY AND PARTY.	AND IN COMPANY		
		gain in column (h) and owned by th	e foundation on 12/31/69			
(i) FMV as of 12/31/	/69	(j) Adjusted basis as of 12/31/69	(k) Excess over col (j	of col (i)), if any	(I) Gains (Co col (k), but not les Losses (fron	ol (h) gain minus ss than -0-) Or n col (h))
(1)						
(2)						
(3)						44 505
(4)				 		11,585
(5)						21,293 1,695
(6)					<u> </u>	1,580
(7)					 	1,300
(8)				<u> </u>	 	
(9)					 	
<u>(10)</u> (11)		<u> </u>				
(12)					1	
(13)						
(14)	-					
(15)						

65-6249234		Federal Statements	tatemer	ıts			
38	Statement 1 - Form	ırm 990-PF, Pa	art I, Line 1	990-PF, Part I, Line 16b - Accounting Fees	nting Fees		
Description			N Inves	Net Investment	Adjusted Net	Charitable Purpose	
ACCOUNTING FEE TOTAL	w w	1,950	w w	975	w w	w w	
Staten	Statement 2 - Form 990	990-PF, Part I,	Line 16c -	Other Prof)-PF, Part I, Line 16c - Other Professional Fees		
Description		Total	N	Net Investment	Adjusted Net	Charitable Purpose	
BROKER/CONSULTING FEES TOTAL	w w	3,805	w w	3,805	w w	w w	
	Statement 3	t 3 - Form 990-PF,		Part I, Line 18 - Taxes	Xes		
Description		Total	N Inves	Net Investment	Adjusted Net	Charitable Purpose	
EXCISE TAX	 	389	w	389	w	٠	
TOTAL	w	389	w	389	w o	\$	
S	Statement 4 - Forn	orm 990-PF, Part I,	art I, Line	Line 23 - Other Expenses	xpenses		
Description		Total	N Inves	Net Investment	Adjusted Net	Charitable Purpose	
Sasnadxa	₩		ঞ		₩	₩	
EAFENSES STATE REGISTRATION FEE AWARD PLAQUES INVESTMENT EXPENSES		70 288 199		199		288	
TOTAL	·w	557	ზ	199	w	\$ 288	
						4	

65-6249234

nment Investments	
US and State Gover	
0-PF, Part II, Line 10a -	
tatement 5 - Form 990-PI	
State	

"	\$ 1,644 4,674 1,324	\$ 7,642
Basis of Valuation	COST COST COST	
End of Year	1,489 4,311 1,354	7,154
	₩	₩.
eginning of Year	1,875 5,635 1,881	9,391
a o	᠕	w
Description	FNMA CMO 1999 BOND FNMA CMO 2002 BOND GNMA P585154	TOTAL

Statement 6 - Form 990-PF, Part II, Line 10b - Corporate Stock Investments

Description	ш	Beginning of Year		End of Year	Basis of Valuation	ŭ	Fair Market Value
OPPENHEIMER INTERNATIONAL	ጭ	104,915	৵	107,326	COST	ጭ	97,242
EATON VANCE GLBL MACRO		83,940		87,254	COST		77,390
PIONEER GOV'T CL C EATON VANCE EMERG MKTS		87,909 53,862		89,018 57,532	COST		80,786 37,204
MFS INTL NEW DISCOVERY CL C		14,308		14,332	COST		14,253
MUTUAL SER FD EUROPEAN		27,631		29,156	COST		22,749
PIMCO FLOATING INCOME		23,436		24,448	COST		21,783
WELLS FARGO STOCK PORTFOLIO		304,423	İ	315,315	COST		371,934
TOTAL	φ.	738,226	Ψ	764,229		₩	765,433

Statement 7 - Form 990-PF, Part II, Line 13 - Other Investments

Fair Market Value	53,850	105,155 98,678	257,693
l	₩		\. _{\\}
Basis of Valuation	COST	COST	
End of Year	53,850	105,165 98,678	257,693
	w		ω
Beginning of Year	53,633	103,652 97,942	255,227
ш	·Ω·		ω
Description	CERTIFICATE OF DEPOSIT-BB&T	CERTIFICATE OF DEPOSIT-C-1 BANK CERTIFICATE OF DEPOSIT-IBERIA BANK	TOTAL

•	65	-62	4 0	23	1
	יכס	·0Z	45	23	4

Form 990-PF, Part XV, Line 1a - Managers Who Contributed Over 2% or \$5,000

Name of Manager	 Amount
RIAZUL H IMAMI	\$ 50,070
TOTAL	\$ 50,070

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Statement 8 - Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the Year

	Amount	250	250		500	1,000	200	,	200	200		200	200		500		200		730		200		000	200		10,000	2,000		1,000	
	Purpose	SCIENCE AWARD	SCIENCE AWARD		ASSISTANCE TO INDIGENT	ANTI-DRUG COALITION	MEDICAL ASSISTANCE	106	ASSISTANCE TO INDIGENT	ASSISTANCE TO INDIGENT		ASSISTANCE TO INDIGENT	ASSISTANCE TO INDIGENT		FOOD AIDE		CANCER RESEARCH	_	ORPHAN SUPPORT		ASSISTANCE TO INDIGENT	THESTONI OF BONGESTARA)	ASSISTANCE TO INDIGENT	Í	ASSISTANCE TO INDIGENT	ASSISTANCE TO INDIGENT		ASSISTANCE TO INDIGENT	
Address	Relationship Status	COOPER ST PC	LAKEVIEW DR PC	182 SOBIESKI ST	PC 1445 EDUCATION WAY	PC	1 E RIVERCREST DR PC	, SUITE	FO1 ST. TIME PLACE	PC	VE, 2ND	PC 32-72 GALE AVE		3760 FOWLER ST		PO BOX 5028	PC	12541 MC DOUGALL STREET	PC	2900 ROCKY POINT DR.	į	PO BOX 204594 PC	155 CEDAR LANE	PC	25148 HARBORVIEW RD	PC 7827 N WICKHAM RD		1350 REMINGTON ROAD	РС 7360 м озерет	3
Name	Address Re		PORT CHARLOTTE HIGH SCHOOL PORT CHARLOTTE FL 33952 NONE	ГA	BUFFALO NY 14212 DRUG FREE CHARLOTTE COUNT	PORT CHARLOTTE FL 33948 NONE	SIUT NORTH AMERICA HOUSTON TX 77042 NONE	ASSOC OF NA	LOMBARD IL 60148 ST. TIDE CHILDRENS RESEARCH HOSP		BORDERS	NONE SOCIETY FOR INTL HELP	LONG ISLAND CITY NY 11101 NONE	HARRY CHAPIN FOOD BANK	FORT MYERS FL 33901 NONE	MEMORIAL SLOAN-KETTERING CANCER CTR	HAGERSTOWN MD 21741 NONE		DETROIT MI 48212 NONE	FOR CHILDREN	TAMPA FL 33607 NONE	ISLAMIC SOCIETY OF AUGUSTA INC.	HOSPITAL, INC		W FL	PORT CHARLOTTE FL 33980 NONE	MELBOURNE FL 32940 NONE	NT FOUNDATION	SCHAUMBURG IL 60173 NONE	

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Statement 8 - Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the Year (continued)

	Amount	i	200	200		200	1	1,000	200		200		009		200		200		200		200		200		200		588		200		200		200		250
	A																																		
	Purpose		ASSISTANCE TO INDIGENT	CE TO INDIGENT		CE TO INDIGENT		CE TO INDIGENT	CE TO INDIGENT		CE TO INDIGENT		CE TO INDIGENT		7.		CE TO INDIGENT		[F1]		ASSISTANCE TO INDIGENT		ASSISTANCE TO INDIGENT		NEW MASJID PROJECT		ASSSISTANCE TO INDIGENT		4RE		ASSISTANCE TO INDIGENT		ASSISTANCE TO INDIGENT		4WARD
		AD	ASSISTANC	ASSISTANCE		ASSISTANCE	1	ASSISTANCE TO	ASSISTANCE TO		ASSISTANCE		ASSISTANCE		EDUCATION		ASSISTANCE		FOOD AIDE		ASSISTANC		ASSISTANC		NEW MASJ		ASSSISTAN		HEALTH CARE		ASSISTANC		ASSISTANC		SCIENCE AWARD
Address	Status	JOHNS BLUFF ROAD	PC 6	PC	r,	PC	ŧ	PC	PC PC	LAKE ROAD	PC	. و	PC	ROAD	PC		PC	45-11 NATIONAL STREET	PC	AINSLIE	PC	5	PC	LARCH ROAD	PC	ir ave	PC	N BLVD	PC	380157	PC	89TH AVE	PC	DA RD	PG D
/	Relationship	2333 ST. J	PO BOX 1739		PO BOX 5481		FO BOX 808	EACE NIM	111	11543 RUBYLAKE ROAD		PO BOX 1426		102 BAKER ROAD		PO BOX 639		45-11 NAT		3418 W. Al		PO BOX 1625		11299 W LA	PC	3655 WHELE		21297 OLEAN BLVD		PO BOX		166-26 891		2201 PLACIDA RD	
	Re		NONE	NONE		NONE	AMERICA	S8 NONE	NONE		NONE		NONE		NONE		NONE	NO	NONE		NONE	œ	NONE		NONE		NONE	COMMUNI	NONE	OALITION	NONE	RICA	NONE		NONE
Name	Address	ISLAMIC CENTER OF NE FL INC.	JACKSONVILLE FL 32246	WATERBURY CT 06721	Z	CA 95056	-	PLAINFIELD IN 46168		ISLAMIC CENTER OF ORLANDO	ORLANDO FL 32836	UMMAH RELIEF INTERNATIONAL	ELGIN IL 60121	HOUSTON QURAN ACADEMY	HOUSTON TX 77094	ZAKAT FOUNDATION OF AMERICA	WORTH IL 60482	EDHI INTERNATIONAL FOUNDATION	CORONA NY 11368	MAKKI MASJID	CHICAGO IL 60625	DAR AL HIJRAH ISLAMIC CENTER	FALLS CHURCH VA 22041	TRACY ISLAMIC CENTER	TRACY CA 95304	ISLAMIC RELIEF USA	ALEXANDRIA VA 22304	VIRGINIA B. ANDES VOLUNTEER	PORT CHARLOTTE FL 33952	CHARLOTTE COUNTY HOMELESS COALITION	MURDOCK FL 33938	ISLAMIC CIRCLE OF NORTH AMERICA			ENGLEWOOD FL 34224

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Statement 8 - Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the Year (continued)

	Amount		250		1,000		200		200		54,000	80,618
ł	Purpose		SCIENCE AWARD		ASSISTANCE TO INDIGENT		CANCER RESEARCH		ASSISTANCE TO INDIGENT		TO PURCHASE CEMETERY PLOTS	
Address	Status	T RD	PC	ID ST	PC		7)	4	7)	Y AVE	7)	
Adi	Relationship	26300 AIRPOR	Ā	14219 SW 42ND	Ā	PO BOX 23827	PC	PO BOX 850994	PC	3337 BROADWAY	PC	
ואמווה	Address	FLORIDA SOUTHWESTERN COLLEGIATE HS 26300 AIRPORT RD	PUNTA GORDA FL 33950 NONE	DAWAT-E-ISLAMI USA INC	MIAMI FL 33137 NONE	MOFFITT CANCER CENTER FOUNDATION	TAMPA FL 33633 NONE	YUSUF ZIYA KAVAKCI INSTITUTE	RICHARDSON TX 75085 NONE	ISLAMIC CENTER OF SW FLORIDA INC	FORT MYERS FL 33901 NONE	TOTAL

Imami Family
Foundation, Inc.
Availability
of Annual Return
This is to notify the public that the
annual tax return, Form 990-PF,
of the Imami Family Foundation,
Inc. is available for inspection at
this principal office during regular
business hours by any calizen who
requests inspection within 180
days after the publishing of this
notice. The principal address of
business where a copy of the
Form can be obtained is as
follows: 2118 Aaron St., Port
Charlotte, FE 33952, telephone
number 941-628-0799, contact
R.H. Imami. R.H. Imami. Publish: November 10, 2016 128266 3380564